

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH

**PROVIDENCE HEALTH &
SERVICES-OREGON**, an Oregon nonprofit
corporation, dba Providence Portland Medical
Center,

Case No.: 16CV38474

**MOTION TO ADMIT OUT-OF-STATE
COUNSEL KRISTOPHER R. ALDERMAN
PRO HAC VICE**

Plaintiff,

vs.

SANJANA PAHALAD MANCUSO,
personal representative of the Estate of Rattan
Kumar Pahalad, in her official and personal
capacities,

Defendant.

Sanjana Pahalad Mancuso, through her undersigned counsel, moves the Court for an
order admitting out-of-state counsel, Kristopher R. Alderman, *pro hac vice*, and in support of
such motion shows the Court the following:

1. Kristopher R. Alderman is admitted to practice law in the State of Georgia and is in
good standing in Georgia. A certificate of good standing from the State Bar of Georgia is attached
as Exhibit A.

2. Kristopher R. Alderman is not subject to pending disciplinary proceedings in any
other jurisdiction.

MOTION TO ADMIT OUT-OF-STATE COUNSEL, KRISTOPHER R. ALDERMAN, PRO HAC VICE

Thatcher Smith Law, LLC – 312 NW 10th Ave #200B, Portland Oregon 97209 – 971-284-7129

1 3. Kristopher R. Alderman has associated with the undersigned counsel, who is an
2 active member in good standing of the Oregon State Bar and will participate meaningfully in this
3 matter.

4 4. Kristopher R. Alderman will comply with applicable statutes, law, and procedural
5 rules of the state of Oregon; be familiar with and comply with the disciplinary rules of the Oregon
6 State Bar; and submit to the jurisdiction of the Oregon courts and the Oregon State Bar with
7 respect to acts and omissions occurring during his *pro hac vice* admission.

8 5. Kristopher R. Alderman has provided a certificate of insurance covering his
9 professional activities in Oregon providing professional liability insurance substantially equivalent
10 to the Oregon State Bar Professional Liability Fund plan. A copy of such certificate of insurance is
11 attached as Exhibit B.

12 6. Kristopher R. Alderman agrees, as a continuing obligation, to notify the Court of
13 any changes in his insurance or status.

14 7. Kristopher R. Alderman has paid \$500 to the Oregon State Bar as a fee for his pro
15 hac vice admission.

16 8. In connection with this case, Kristopher R. Alderman sought and obtained a
17 Certificate of Compliance for *Pro Hac Vice* Admission from the Oregon State Bar Office of
18 Regulatory Services. A copy of such certificate is attached as Exhibit C.

19 9. Defendant's counsel has conferred with Plaintiff's counsel, Arden Olson, and he
20 does not oppose this motion.

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24 MOTION TO ADMIT OUT-OF-STATE COUNSEL, KRISTOPHER R. ALDERMAN, PRO HAC VICE

Thatcher Smith Law, LLC – 312 NW 10th Ave #200B, Portland Oregon 97209 – 971-284-7129

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WHEREFORE, Mancuso respectfully requests the Court grant this motion and admit out-of-state counsel, Kristopher R. Alderman, *pro hac vice* in this matter.

DATED: January 31, 2017

Thatcher Smith Law, LLC

s/Maret Thatcher Smith
Maret Thatcher Smith, OSB # 105103
312 NW 10th Ave. #200B
Portland, OR 97209
Ph: 971-284-7129
maret@thatchersmithlaw.com



State Bar of Georgia

Lawyers Serving the Public and the Justice System

Mr. Kristopher Robert Alderman
FisherBroyles, LLP
945 East Paces Ferry Road, Suite 2000
Atlanta, GA 30326

CURRENT STATUS: Active Member-Good Standing
DATE OF ADMISSION: 11/02/2010
BAR NUMBER: 179645
TODAY'S DATE: 12/28/2016

Listed below are the public disciplinary actions, if any, which have been taken against this member:

State Disciplinary Board Docket #	Supreme Court Docket #	Disposition	Date
N/A	N/A	N/A	N/A

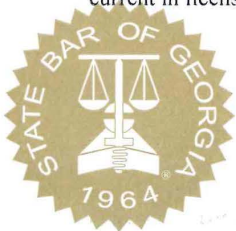
The prerequisites for practicing law in the State of Georgia are as follows:

- Certified by the Office of Bar Admissions, either by Exam, or on Motion (Reciprocity).
- Sworn in to the Superior Court in Georgia, highest court required to practice law in Georgia.
- Enrolled with the State Bar of Georgia, arm of the Supreme Court of Georgia.

Attorneys licensed in Georgia and whose current status is Active are eligible to practice law in Superior Court. Attorneys may, upon application, apply for admission to the Supreme, District and State Court of Appeals.

Under the privacy/confidentiality provision of the Bar Rule 4-221(d), any complaint against a member resolved prior to the filing and docketing of a disciplinary case in the Supreme Court is not a matter of public record, and may not be revealed without a waiver from the member. It is the policy of the State Bar of Georgia to answer any inquiry about a member by disclosing only those complaints that have been docketed in the Supreme Court. With respect to matters that are currently pending as active, undocketed cases, when an inquiry is received, the State Bar of Georgia shall not disclose the existence of those complaints. Such non-disclosure should not be construed to confirm the existence of confidential complaints since the vast majority of members in good standing are not the subjects of such confidential complaints.

This member is currently in “good standing” as termed and defined by **State Bar Rule 1-204**. The member is current in license fees and is not suspended or disbarred as of the date of this letter.



STATE BAR OF GEORGIA

Brinda Lovvorn

Official Representative of the State Bar of Georgia

HEADQUARTERS

104 Marietta St. NW, Suite 100
 Atlanta, GA 30303-2743
 404-527-8700 • 800-334-6865
 Fax 404-527-8717
www.gabar.org

COASTAL GEORGIA OFFICE

18 E. Bay St.
 Savannah, GA 31401-1225
 912-239-9910 • 877-239-9910
 Fax 912-239-9970

SOUTH GEORGIA OFFICE

244 E. 2nd St. (31794)
 P.O. Box 1390
 Tifton, GA 31793-1390
 229-387-0446 • 800-330-0446
 Fax 229-382-7435

EXHIBIT A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342	CONTACT NAME:	
	PHONE (A/C, No, Ext): 404 497-7500	FAX (A/C, No):
INSURED FisherBroyles, LLP Northpark Town Center, Suite 1700 1200 Abernathy Road, Bldg. 600 Atlanta, GA 30328	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Endurance American Specialty Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES

CERTIFICATE NUMBER: AG72Z74U

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Lawyers Professional Liability		LPL10008979500*	04/15/2016	04/15/2017	Each Claim \$ 5,000,000 Aggregate \$ 10,000,000 \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Lawyers Professional Liability: Pioneer Underwriting Consortium 9980 - Lloyd's of London; Pol #: B0146LDUSA1604702
Effective: 4/15/16 - 4/15/17 Limits: \$5,000,000 / \$10,000,000 xs \$5,000,000 / \$10,000,000*This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33.5. GA. Code Ann., §33-5-26.
Ronald B. Giadosich - McGriff, Seibels & Williams Inc..**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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PARAGON INTERNATIONAL INSURANCE BROKERS LTD.

SLIP NUMBER: B0146 LDUSA1604702

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Risk Details

**UNIQUE MARKET
REFERENCE:**

B0146 LDUSA1604702

TYPE:

EXCESS CLAIMS MADE LAWYERS' PROFESSIONAL LIABILITY INSURANCE

ASSURED:

FISHERBROYLES, LLP and as fully described in the primary policy

**PRINCIPAL
ADDRESS:**

1200 Abernathy Road,
Northpark Town Center
Building 600 Suite 1700
Atlanta GA, 30328
United States of America

**PERIOD OF
INSURANCE:**

From Inception Date: 15 April 2016
To Expiration Date: 15 April 2017

Both days at 12.01 a.m. Local Standard Time, and for such further periods as may be mutually agreed upon.

INTEREST:

As per the attached wording which is hereby declared to be incorporated in, and to form an integral part of, this policy.

**THIS POLICY'S LIMIT
OF LIABILITY:**

USD 5,000,000 Each claim for the Period of Insurance including costs and expenses

USD 10,000,000 In the aggregate for the Period of Insurance including costs and expenses

**UNDERLYING
POLICY/IES LIMIT(S):**

USD 5,000,000 Each claim for the Period of Insurance including costs and expenses

USD 10,000,000 In the aggregate for the Period of Insurance including costs and expenses

Which in turn has a Self-Insured Retention of:

USD 100,000 Each and every claim including Claims Expenses

**UNDERLYING
POLICY(IES)
NUMBER(S):**

LPL10008979500 issued by Endurance American Specialty Insurance Company

TERRITORIAL LIMITS:

To follow the Primary Policy, as per the attached policy wording.

CONDITIONS:

LSW055 (amended) policy wording as attached and agreed by Insurers

NOTICES:

None

**EXPRESS
WARRANTIES:**

None

SUBJECTIVITIES:

None

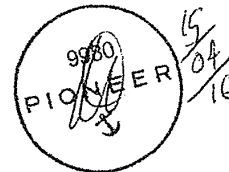


EXHIBIT B

In re: Kristopher R. Alderman
Name of Out-of-State Attorney

Certificate of Compliance
For Pro Hac Vice Admission

I, Kristopher R. Alderman (print name), am an attorney in the State of Georgia
and I intend to seek *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170 in the following Oregon court action or proceeding:

Case Name: Providence Health & Services - Oregon v. Sanjana Pahalad Mancuso

Court: Circuit Court for Multnomah County of Oregon Case No.: 16CV38474

I certify that (check all that apply):

- ☒ I am an attorney in good standing in the State of Georgia, as evidenced by the attached good standing certificate issued by the licensing authority in that state.
- ☒ I am not subject to any pending disciplinary proceedings in any jurisdiction; or
- ☐ I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- ☒ I intend to associate in the above-referenced action or proceeding with Maret Thatcher Smith, OSB No. 105103, an active member in good standing of the Oregon State Bar, who will participate meaningfully in the matter.
- ☒ I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- ☒ My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- ☐ I agree, as a continuing obligation of *pro hac vice* admission, to notify the trial court promptly of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- ☒ I will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in the above-referenced matter when such an order is granted. In the event *pro hac vice* admission is revoked for any reason, I will promptly notify the Oregon State Bar.
- ☒ I submit \$500 to the Oregon State Bar as payment of the *pro hac vice* fee established by ORS 9.241 and the rules of the Oregon Supreme Court. I acknowledge that this fee is for a period of twelve months from the date of the Acknowledgment of Receipt issued below, and that an additional fee of \$500 will be required in order for me to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this 22nd day of December, 20 16.

X Kristopher R. Alderman
(Applicant Signature)

Georgia Bar No.: 179645
(Home Jurisdiction)

Mailing Address: 945 East Paces Ferry Road
Suite 2000
Atlanta, GA 30326

Phone: (404) 596-8887
FAX: (404) 596-8887
Email: kris.alderman@fisherbroyles.com

Acknowledgment of Receipt

As Director of Regulatory Services of the Oregon State Bar, I acknowledge receipt from the above-named out-of-state attorney of the Certificate of Compliance for Pro Hac Vice Admission and attachments, and the \$500 fee for pro hac vice appearance in the above-referenced Oregon action or proceeding. The fee is for a period of twelve months from the date of this acknowledgment.

Dated this 24th day of January, 20 17.

☐ SEE MATERIALS ATTACHED:

Dawn Evans
Dawn Evans, Director of Regulatory Services

Oregon State Bar Regulatory Services, PO Box 231935, Tigard, OR 97281-1935

Note that the professional liability coverage deductible substantially exceeds that of the PLF.

EXHIBIT C